

Iowa Medicaid Enterprise
Orthodontic Administrative Guide
(January, 2022)

Orthodontic benefits are available for Medicaid enrollees 20 years old and younger that meet the established medical necessity requirements and are prior authorized. Harmful habit appliances and other listed orthodontic procedures are covered based on the listed criteria and documentation required as outlined in this document. Please note that the orthodontic procedures outlined below are only considered for benefit if you are a participating Medicaid provider.

When submitting an orthodontic claim or prior authorization it must indicate treatment is for orthodontics. It also needs to include date appliance was placed and number of estimated treatment months when applicable. One procedure should be billed and will be considered for the entire mouth unless the procedure is arch specific.

Minor Treatment to Control Harmful Habit:

The following procedure codes may be billed as removable or fixed and would be indicated for a member with a thumb sucking or tongue thrusting harmful habit.

D8210 – removable appliance therapy \$153.53

D8220 – fixed appliance therapy \$250.75

The request for prior authorization must be accompanied with:

- Current diagnostic quality photograph of applicable clinical area
- Narrative describing nature and scope of harmful habit

Orthodontic Records (for use with limited and comprehensive treatments):

The following procedure codes may be billed for orthodontic records. These are paid separately than orthodontic treatment, need to be billed individually and do not require a prior authorization.

D0330 panoramic radiographic image \$46.05

or

D0210 intraoral complete series of radiographic images \$51.17

and

D0340 2D cephalometric radiographic image-acquisition, measurement and analysis \$46.05

D0470 diagnostic casts \$35.82

Limited Orthodontic Treatment:

The following procedure code may be billed for orthodontic treatment with a limited objective, not necessarily involving the entire dentition. It may be directed at the only existing problem, or at only one aspect of a larger problem in which a decision is made to defer or forego more comprehensive therapy. A palatal expander can be billed under this CDT code and if applicable a D8680 can be billed for the removal and retention at the completion of the expansion.

D8020 – limited orthodontic treatment of the transitional dentition \$298.11

The request for prior authorization must be accompanied with:

- ADA claim form (2012 or newer)
- Treatment plan and a complete treatment narrative
- Diagnostic quality photograph(s)

Comprehensive Orthodontic Treatment:

The following procedure codes may be billed for orthodontic treatment. Comprehensive orthodontic care includes a coordinated diagnosis and treatment leading to the improvement of the member's craniofacial dysfunction and/or dentofacial deformity which may include anatomical and/or functional relationships. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances in growing and non-growing members. Adjunctive procedures, to facilitate care may be required.

****Comprehensive orthodontics may incorporate treatment phases focusing on specific objectives at various stages of dentofacial development.**

Reimbursement is inclusive of any additional appliances (ex: palatal expander, headgear) when in Phase I or Phase II of comprehensive ortho treatment.

PHASE I**D8070 – comprehensive orthodontic treatment of the transitional dentition \$1,104.03**

Phase I treatment could include the following: maxillary and/or mandibular 2x4, maxillary and/or mandibular quarterly adjustments, appliance (such as palatal expander), removal and retention.

Prior authorization is required and must be accompanied with:

- ADA claim form (2012 or newer)
- Treatment plan and a complete treatment narrative
- Interpreted cephalometric radiograph
- Full mouth series (FMS) or panorex

- Diagnostic quality study models OR diagnostic 2D intra-oral photos OR diagnostic 3D models (OrthoCad equivalent)

Comprehensive treatment of the transitional dentition can be approved for members when it is cost-effective to lessen the severity of a malformation such that extensive treatment is not required.

PHASE II

D8080 – comprehensive orthodontic treatment of the adolescent dentition \$3,172.88

Prior authorization is required and must be accompanied with:

- ADA claim form (2012 or newer)
- Treatment plan and a complete treatment narrative
- Interpreted cephalometric radiograph
- Full mouth series (FMS) or panorexDiagnostic quality study models OR diagnostic 2D intra-oral photos OR diagnostic 3D models (OrthoCad equivalent).

Comprehensive orthodontic treatment of the adolescent dentition can be approved for members with malocclusion scores of 26 or above on the index from “Handicapping Malocclusion Assessment to Establish Treatment Priority”, by J. A. Salzmann, D.D.S. referenced below:

https://www.forwardhealth.wi.gov/wiportal/content/provider/medicaid/Dentist/salzmann_index.pdf.spage

In addition, cases involving a member with a cleft palate or craniofacial deformity are considered automatic qualifiers and will also be approved for comprehensive orthodontia.

All orthodontic treatment requires a prior authorization before treatment begins.

Other Orthodontic Services:

D8680 – orthodontic retention (removal of appliances, construction and placement of retainer(s)) \$149.06

Prior authorization is required. This procedure code is used when a member does not qualify for continuation of treatment (D8999) and includes removal of appliance(s) and retention of the maxillary and/or mandibular arch. Up to two units is payable. Replacement retainers are not covered and are the member’s responsibility. The allowance for comprehensive orthodontic treatment of the adolescent dentition includes this procedure when provided by the same dentist in the same course of treatment (D8690).

D8703 – replacement of lost or broken retainer- maxillary \$149.06

D8704 – replacement of lost or broken retainer- mandibular \$149.06

Prior Authorization is required. These procedure codes are limited to one per lifetime per arch regardless of phase of orthodontic treatment. Only a benefit if the original retainer was paid by Iowa Medicaid.

D8999 – continuation of treatment \$ (pro-rated reimbursement)

Iowa Medicaid provider to another Iowa Medicaid provider

Prior authorization is required. This procedure code is used when a member transfers from one Iowa Medicaid provider to another Iowa Medicaid provider during the course of comprehensive orthodontic treatment of the adolescent dentition. Treatment will be pro-rated based on treatment months remaining and is inclusive of orthodontic retention. The determined pro-rated amount paid to the new provider will be recouped from the original provider.

Prior authorization is required but does not need to be accompanied with new records. Please indicate on the prior authorization that you are requesting the transfer from an Iowa Medicaid provider.

Non-Iowa Medicaid provider to an Iowa Medicaid provider

Prior authorization is required. This procedure code is also used for continuation of orthodontic treatment from a non-Iowa Medicaid provider to an Iowa Medicaid provider. Treatment will be pro-rated based on treatment months remaining and is inclusive of orthodontic retention. Salzman index must meet a minimum score of 26 *at the time of transfer* in order to qualify.

Prior authorization is required and must be accompanied with:

- ADA claim form (2012 or newer)
- Treatment plan and a complete treatment narrative
- Interpreted cephalometric radiograph
- Full mouth series (FMS) or panorex

Diagnostic quality study models OR diagnostic 2D intra-oral photos OR diagnostic 3D models (OrthoCad equivalent).

Comprehensive orthodontic treatment of the adolescent dentition can be approved for members with malocclusion scores of 26 or above on the index from “Handicapping Malocclusion Assessment to Establish Treatment Priority”, by J. A. Salzman, D.D.S referenced below:

https://www.forwardhealth.wi.gov/wiportal/content/provider/medicaid/Dentist/salzman_index.pdf.spage

Submitting Orthodontia Prior Authorizations

All orthodontic treatment requires a prior authorization before treatment begins:

[IME Dental Prior Authorization Form](#)

Please use the following addresses depending on how you submit your prior authorizations, claims, cast (non-digital) study models and other documentation.

Any package with cast (non-digital) study models must be sent to the Iowa Medicaid Enterprise street address:

Attention: Iowa Medicaid Enterprise
PO Box 36478
Des Moines, IA 50315

Any package without cast (non-digital) study models can be sent to Iowa Medicaid Enterprise using the following methods:

- [IMPA](#)
- Fax: 515-725-1356
- Phone: 888-424-2070 (Toll Free)
- Email: paservices@dhs.state.ia.us

For procedures which require prior authorization, IME will notify you in writing, fax, or email whether the service has or has not been approved. An approval is not a guarantee of payment and payment is subject to patient eligibility.